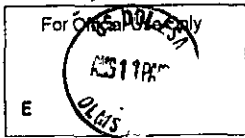


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 6005	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name KATHLEEN A MARSCHEL P.O. Box, Bldg., Room No., if any SUITE 200 Street 14115 LINCOLN ST. NE City HAM LAKE State Minnesota ZIP Code + 4 55304-4671	4. Name, file number, and address of labor organization. Name BCTGM INTERNATIONAL Labor Organization File Number 000315 P.O. Box, Building and Room Number, if any Street 10401 CONNECTICUT AVE City KENSINGTON State Maryland ZIP Code + 4 20895
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/4/05
Date

763-545-0211

Telephone Number

Name of Person Filing KATHLEEN MARSCHER	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MARCO CONSULTING</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 9TH FLOOR</p> <p>Street 550 W WASHINGTON BLVD</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60661</p>	<p>14.a. Nature of payment.</p> <p>MEAL PROVIDED TO COMPANY AND UNION TRUSTEES & ADMINISTRATOR</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. \$134</p>

Name of Person Filing KATHLEEN MARSCHER	File Number U-
---	----------------

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UBS GLOBAL ASSET MANAGEMENT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE NORTH WACKER DRIVE City CHICAGO State Illinois ZIP Code + 4 60606	14.a. Nature of payment. MEAL PROVIDED TO COMPANY AND UNION TRUSTEES & ADMINISTRATOR
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment \$126

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AFGM INDUSTRY WIDE EMPLOYEES PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 200 Street 14115 LINCOLN ST. NE City HAM LAKE State Minnesota ZIP Code + 4 55304-4671	14.a. Nature of payment. REIMBURSEMENT FOR EXPENSES INCURRED WHILE SERVING AS ADMINISTRATOR FOR AN ERISA TRUST FUND
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$3,143

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.